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CONFIRMATION NO. 8731

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/734,042 | FILING DATE<br>12/11/2003<br><br>RULE | CLASS<br>359 | GROUP ART UNIT<br>2873 | ATTORNEY DOCKET NO.<br>000300-804 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none RA*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none RA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/19/2004

|  |  |                           |                        |                          |                            |
|--|--|---------------------------|------------------------|--------------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d)<br>conditions met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br><i>RA</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>12/60 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|------------------------|--------------------------|----------------------------|

ADDRESS  
 32692  
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 55133-3427

TITLE  
 High energy arbitrary waveform source

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>970 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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